

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 161

Registered No. 4

1. PLACE OF BIRTH

County Gila State Ariz
District or Township _____ or Village Pinon
City _____ No. _____ St. _____ Ward _____

2. Full name of child Annie Elaris Phillips (If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other 8 5. Legitimate? Yes 7. Date of birth June 17, 1927
Month Day Year

<p>8. FATHER Full name <u>George Phillips</u></p> <p>9. Residence (Usual place of abode) <u>Pinon, Arizona</u> If non-resident, give place and state.</p> <p>10. Color or race <u>White</u></p> <p>11. Age at last birthday <u>48</u> (Years)</p> <p>12. Birthplace (city or place) <u>Texas</u> (State or country)</p> <p>13. Occupation <u>Mechanic</u> Nature of industry</p>		<p>14. MOTHER Full maiden name <u>Annie Anderson</u></p> <p>15. Residence (Usual place of abode) <u>Pinon Ariz</u> If non-resident, give place and state.</p> <p>16. Color or race <u>White</u></p> <p>17. Age at last birthday <u>37</u> (Years)</p> <p>18. Birthplace (city or place) <u>New Mex</u> (State or country)</p> <p>19. Occupation <u>Housewife</u> Nature of industry</p>	
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20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 8
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Rissner
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Payson Ariz
Month, day, year _____
Frank B. Randall Registrar
172-617-115

Filed July 6, 1927 Frank B. Randall Registrar